U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, f	4. Name, file number, and address of labor organization.			
Name CHRIS	s TUCK	Name !	IBEW LOCAL U	NION 1547		
		Labor O	rganization File Nu	mber 019-504		
P.O. Box, Bldg., Room No., if a	nny ·	P.O. Bo	x, Building and Roc	m Number, if any		
Street 3333 DENALI ST	., STE. 200	Street	3333 DENALI S	TT., STE. 200		
City ANCHORAGE		City	ANCHORAGE			
State Alaska	ZIP Code + 4 99503	State .	Alaska	ZIP Code + 4 99503		
Enter appropriate data belov	BUSINESS REPRESENTATIVE  v If, during the past fiscal year, you or your sp  (except as specified in the except)	pouse or minor clusions set for	r child directly or in	directly had any of the following interests s):		
A. Held an interest in, engage monetary value from an emp	ed in transactions (including loans) with, coloyer whose employees your organiza	or derived inc ation represe	ome or other ecor ents or is actively	nomic benefit of seeking to represent.		
6. Name and address of Employ	er (including trade name, if any).	7.a. Natur	e of Interest, Transa	ction, or Income.		
Name TROY SMITH		REPRES AS AN	IN 2004 I RAN FOR THE STATE HOUSE OF REPRESENTATIVES. MR. SMITH DONATED TO MY CAMPAIGN AS AN INDIVIDUAL, NOT AS THE EMPLOYER HOTWIRE			
Trade Name, if any: HOTWIRE ELECTRIC		ELECTRIC. I AM REPORTING THIS TRANSACTION IN THE SPIRIT OF FULL DISCLOSURE.				
P.O. Box, Bldg., Room No., if any						
		7.b. Amount.				
Street 1425 W. 14TH AV	Ε.					
City !ANCHORAGE		İ		\$500		
State Alaska	ZIP Code + 4 99501					
	, SI(	gnature				
submitted in this report (includ	n. The undersigned declares, under penalty of ing the information contained in any accompa belief, true, correct, and complete. (See the s	nying documer	nts), has been exam	ined by the signatory and is, to the best of the		
Signed ( //	rck	On _	8/15/05 Date	907 - 777 - 72.31 Telephone Number		
				releptione (4umber		

Name of Person Filing CHRIS TUCK		File Number U-
B. Held are interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name		
Trade Name, if any:	a. Labor Organizat b. Trust	ion
P.O. Box, Bldg., Room No., if any		
Street ;	c. Employer	
City		
State Other ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name		•
Trade Name, if any:	1 2	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar va.u	e of such dealing.
City	12.a. Nature of interest held	
State Other ZIP Code + 4		
	·  - 	
	!	
	12.b. Amount.	; \$0
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		· .
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0

Name of Person Filing CHF	RIS TUCK _	File Number U-
• .		L

## Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	income or other economic banefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name TIM HANSEN	IN 2004 I RAN FOR THE STATE HOUSE OF REPRESENTATIVES. MR. HANSEN DONATED TO MY CAMPAIGN AS AN INDIVIDUAL, NOT AS THE EMPLOYER YUKON
Trade Name, if any: YUKON ELECTRIC	ELECTRIC. I AM REPORTING THIS TRANSACTION IN THE SPIRIT OF FULL DISCLOSURE.
P.O. Box, Bldg., Room No., if any	
Street 1830 MINERVA WAY	7.b. Amount.
City ANCHORAGE	\$500
State Alaska ZIP Code + 4 99515	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name if any). IN 2004 I RAN FOR THE STATE HOUSE OF Name DAVE LANCE REPRESENTATIVES. MR. LANCE DONATED TO MY CAMPAIGN AS AN INDIVIDUAL, NOT AS THE EMPLOYER DIMOND ELECTRIC. I AM REPORTING THIS TRANSACTION IN THE Trade Name, if any: DIMOND ELECTRIC SPIRIT OF FULL DISCLOSURE. P.O. Box, Bldg., Room No., if any 7,b. Amount. Street 10620 E. TREE DR. \$500 City ANCHORAGE ZIP Code + 4 99507 State Alaska

6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name MARK STEWART	IN 2004 I RAN FOR THE STATE HOUSE OF REPRESENTATIVES. MR. STEWART DONATED TO MY CAMPAIGN AS AN INDIVIDUAL, NOT AS THE EMPLOYER
Trade Name, if any: YUKON ELECTRIC	YUKON ELECTRIC. I AM REPORTING THIS TRANSACTION IN THE SPIRIT OF FULL DISCLOSURE.
P.O. Box, Bldg , Room No., if any	
	7.b. Amount.
Street 2841 LEAWOOD	
City ANCHORAGE	\$500
State Alaska ZIP Code + 4 199515	

Form LM-30 (2003)